

Clinical and Financial Performance Measures

In order to support the provision of high quality patient care, HRSA-funded health centers are expected to have ongoing quality improvement/assessment programs that include clinical services and quality management. To this end, the Health Center Program incorporates systems of quality assessment, quality improvement, and quality management that focus provider responsibilities on improving care processes and outcomes.

In concert with performance improvement initiatives within the broader health care community, the Health Center Program incorporates quality-related performance measures that place emphasis on health outcomes and demonstrate the value of care delivered by health centers. These performance measures are selected to provide a balanced and comprehensive representation of health center services, clinically prevalent conditions among underserved communities, and the population across life cycles. Their use is familiar to the majority of health center grantees that have extensive experience working to improve the quality of perinatal, chronic, and preventative care services. Further, the performance measures are aligned with those of national standard setting organizations, and are commonly used by Medicare, Medicaid, and health insurance/managed care organizations to assess quality performance.

The measures below are to be reported by all grantees in the Uniform Data System (UDS) and are included in the Clinical and Financial Performance Measures for Service Area Competition (SAC) and Budget Period Renewal (BPR) grant opportunities. The UDS Manual is available on the <http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/index.html>.

The alignment of the performance measures across grant performance reporting (UDS) and the grant application (SAC and BPR) provides grantees with the opportunity to establish quality and performance goals for their organization and patient populations, and assess their progress toward these goals. The alignment furthers HRSA's objective to collect data in a way that minimizes grantee reporting burden, and helps document the value of the Health Center Program.

Below are the clinical performance measures for the 2014 UDS.

Quality of Care Measures

Percentage of pregnant women beginning prenatal care in the first trimester

Numerator: All female patients who received perinatal care during the program year (regardless of when they began care) who initiated care in the first trimester either at the grantee's service delivery location or with another provider

Denominator (Universe): Number of female patients who received prenatal care during the program year (regardless of when they began care), either at the grantee's service delivery location or with another provider. Initiation of care means the first visit with a clinical provider (MD, NP, CNM) where the initial physical exam was done and does not include a visit at which pregnancy was diagnosed or one where initial tests were done or vitamins were prescribed

Percentage of children with their 3rd birthday during the measurement year or January 1st of the following year who are fully immunized before their third birthday.

Numerator: Number of children among those included in the denominator who were fully immunized before their 3rd birthday. A child is fully immunized if s/he has been vaccinated or there is documented evidence of contraindication for the vaccine or a history of illness for ALL of the following: 4 DTP/DTaP, 3 IPV, 1 MMR, 3 Hib, 3 HepB, 1VZV (Varicella), and 4 Pneumococcal conjugate, prior to their third birthday

Denominator: Number of all children with at least one medical visit during the reporting period, who had their 3rd birthday during the reporting period or a sample of 70 of these children.

Percentage of women 21-64 years of age who received one or more tests to screen for cervical cancer

Numerator: Number of female patients 24 - 64 years of age receiving one or more documented Pap tests during the measurement year or during the two years prior to the measurement year among those women included in the denominator; OR, for women who were 30 years of age or older at the time of the test who choose to also have an HPV test performed simultaneously, during the measurement year or during the four years prior to the measurement year.

Denominator: Number of all female patients age 24 - 64 years of age during the measurement year who had at least one medical visit during the reporting year, or a sample of these women.

Percentage of patients aged 2 until 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year

Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation

of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday OR a sample of these patients.

Percentage of patients aged 18 and older who had documentation of a calculated BMI during the most recent visit or within the six months prior to that visit and if the most recent BMI is outside parameters, a follow-up plan is documented.

Numerator: Number of patients in the denominator who had their BMI (not just height and weight) documented during their most recent visit OR within six months of the most recent visit AND if the most recent BMI is outside parameters, a follow-up plan is documented.

Denominator: Number of patients who were 18 years of age or older during the measurement year, who had at least one medical visit during the reporting year, OR a sample of these patients.

Percentage of patients age 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

Numerator Description: Number of patients age 18 years and older who were screened for tobacco use one or more times in the measurement year or prior year and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

Denominator Description: Number of patients age 18 years and older that had at least one medical visit during the measurement year and have been seen for at least two medical visits ever.

Percentage of patients aged 5 through 40 with a diagnosis of mild, moderate, or severe persistent asthma who received or were prescribed accepted pharmacologic therapy

Numerator: Number of patients in the denominator who received a prescription for or were provided inhaled corticosteroid or an accepted alternative medication.

Denominator: Number of patients who were 5 through 40 years of age at some point during the measurement year, who have been seen at least twice in the practice and who had at least one

medical visit during the reporting year, who had an active diagnosis of persistent asthma OR a sample of these patients.

Percentage of patients aged 18 years and older with a diagnosis of Coronary Artery Disease (CAD) who were prescribed a lipid-lowering therapy

Numerator: Number of patients in the denominator who received a prescription for or were provided or were taking lipid lowering medications.

Denominator: Number of patients who were seen during the measurement year after their 18th birthday, who had at least one medical visit during the reporting year, with at least two medical visits ever, and who had an active diagnosis of coronary artery disease (CAD) including any diagnosis for myocardial infarction (MI) or who had had cardiac surgery in the past – OR a sample of these patients.

Percentage of patients aged 18 years and older who were discharged alive for acute myocardial infarction (AMI) or coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1 to November 1 of the prior year OR who had a diagnosis of ischemic vascular disease during the measurement year who had documentation of use of aspirin or another antithrombotic

Numerator: Number of patients in the denominator who had documentation of aspirin or another anti-thrombotic medication being prescribed, dispensed or used.

Denominator: Number of patients who were aged 18 and older at some point during the measurement year, who had at least one medical visit during the reporting year, who had an active diagnosis of ischemic vascular disease (IVD) during the current or prior year OR had been discharged after AMI or CABG or PTCA between January 1 and November 1 of the prior year – OR a sample of these patients.

Percentage of patients aged 50 to 75 who had appropriate screening for colorectal cancer

Numerator: Number of patients aged 51 through 74 with appropriate screening for colorectal cancer.

Denominator: Number of patients who were aged 51 through 74 at some point during the measurement year, who had at least one medical visit during the reporting year

Percentage of patients aged 12 and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented

Numerator: Number of patients age 12 years and older who were (1) screened for depression with a standardized tool during the measurement year and, if positive, (2) had a follow-up plan documented.

Denominator: Number of patients age 12 years and older who had at least one medical visit during the measurement year.

Percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis

Numerator: Number of patients in the denominator who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis.

Denominator: Number of patients first diagnosed with HIV between October 1 of the prior year through September 30th of the current measurement year.

Health Outcomes / Disparities

Percentage of adult patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes, whose hemoglobin A1c (HbA1c) was less than or equal to 9% at the time of the last reading in the measurement year

Numerator: Number of adult patients whose most recent hemoglobin A1c level during the measurement year is $\leq 9\%$ among those patients included in the denominator.

Denominator: Number of adult patients aged 18 to 75 as of December 31 of the measurement year with a diagnosis of Type I or II diabetes AND, who have been seen in the clinic for medical visits at least twice during the reporting year AND, do not meet any of the exclusion criteria OR a statistically valid sample of 70 of these patients

Percentage of patients 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 at the time of the last reading

Numerator: Number of patients in the denominator whose last systolic blood pressure measurement was less than 140 mm Hg and whose diastolic blood pressure was less than 90 mm Hg.

Denominator: All patients 18 to 85 years of age as of December 31 of the measurement year with a diagnosis of hypertension (HTN) AND who were first diagnosed by the health center as hypertensive at some point before June 30 of the measurement year AND who have been seen for medical visits at least twice during the reporting year OR a statistically valid sample of 70 of

these patients.

Percentage of patients born to health center patients whose birthweight was below normal (less than 2500 grams)

Numerator: Number of children born with a birthweight of under 2500 grams

Denominator: Number of LIVE births during the reporting period for women who received prenatal care from the health center or a referral provider during the reporting period

Additional Measures

In addition to the above UDS clinical measures, health centers must include one Oral Health performance measure of their choice.

Financial Viability / Costs

Total cost per patient

Numerator: Total accrued cost before donations and after allocation of overhead

Denominator: Total number of patients

UDS Lines: T8AL17CC/T4L6A for existing grantees

Medical cost per medical visit

Numerator: Total accrued medical staff and medical other cost after allocation of overhead (excludes lab and x-ray cost)

Denominator: Non-nursing medical encounters (excludes nursing (RN) and psychiatrist encounters)

UDS Lines: T8AL1CC + T8AL3CC/T5L15CB – TT5L11CB for existing grantees

Change in net assets to expense ratio

Numerator: Ending Net Assets – Beginning Net Assets

Denominator: Total Expense

Note: Net Assets = Total Assets – Total Liabilities

Working capital to monthly expense ratio

Numerator: Current Assets – Current Liabilities

Denominator: Total Expense / Number of Months in Audit

Long term debt to equity ratio

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Numerator: Long Term Liabilities

Denominator: Net Assets